

[illegible][illegible]

**Examiner
Signature**

/David O Dell/

Date Considered

10/01/2007

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Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				COMPLETE IF KNOWN	
				Application Number	10/552931
				Filing Date	
				First Named Inventor	Myra Gilligan, et al
				Group Art Unit	
				Examiner Name	
Sheet	2	of	2	Attorney Docket Number	T1629YP

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Examiner Signature	/David O Dell/	Date Considered	10/01/2007
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